

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



(703) 746-4000 or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as appropriate. All further correspondence including the Patent, advance orders and notification of maintenance address; and/or (b) indicating a separate "FEE ADDRESS" for

maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)			Note: A certificate o	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.	
2292 759					
BIRCH STEWART KOLASCH & BIRCH , LLP PO BOX 747 FALLS CHURCH, VA 22040-0747			Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.		
/01/2004 CNGUYEN1 00000091 09508849		SFP 20		(Depositor s mane)	
FC:1501 1330.00 OP		2 3 U 2004 W			(Signature)
FC:8001	12.00 OP	ENTA SEE		ATTORNEY DOCKET NO.	(Date) CONFIRMATION NO.
APPLICATION NO.	FILING DATE	HADEM ORST NAM		1110-266PCT	5291
09/508,849	03/17/2000	SHIGEKA	ZU NAGATA	1110-200FC1	
TITLE OF INVENTION: N	IOVEL FAS LIGAND DERI	VAIIVE			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	10/04/2004
EXAM	MINER	ART UNIT	CLASS-SUBCLASS		
	ALANA M	1642	530-300000		
CFR 1.363). Change of correspond Address form PTO/SB/	ce address or indication of "I dence address (or Change of 122) attached. tion (or "Fee Address" Indic or more recent) attached. U	Correspondence names agents firm (lagent)	printing on the patent front pa of up to 3 registered paten OR, alternatively, (2) the nar- naving as a member a register and the names of up to 2 re- eys or agents. If no name is li- e printed.	ne of a single ed attorney or pistered patent	H, STEWART, SCH & BIRCH, I
3. ASSIGNEE NAME AN PLEASE NOTE: Unlesseen previously submit	ss an assignee is identified b ted to the USPTO or is being NEE	BE PRINTED ON THE PAT below, no assignee data will a g submitted under separate cov (B) RESID	ver. Completion of this form is ENCE: (CITY and STATE OR		riate when an assignment has ssignment.
(A) NAME OF ASSIG		CO T MD	mokvo. Japa	111	
MOCHIDA PHA OSAKA BIOSC Please check the appropris	RMACEUTICAL LIENCE INSTIT ate assignee category or cate	'UTE gories (will not be printed on t		Japan <u> </u>	group entity
MOCHIDA PHA OSAKA BIOSC Please check the approprie 4a. The following fee(s) a	CIENCE INSTIT ate assignee category or cate	gories (will not be printed on the payment of the P	Suita-shi, the patent); individual nt of Fee(s): eck in the amount of the fee(s) i	Japan Second correction or other private senclosed.	group entity
MOCHIDA PHA OSAKA BIOSC Please check the appropris 4a. The following fee(s) a State Fee	CIENCE INSTIT ate assignee category or cate	gories (will not be printed on the p	Suita-shi, the patent); individual the of Fee(s): eck in the amount of the fee(s) is	Japan Scorporation or other private s enclosed. 2038 is attached.	5-07
(A) NAME OF ASSIGMOCHIDA PHA OSAKA BIOSC Please check the approprist 4a. The following fee(s) a State Fee Publication Fee	TIENCE INSTIT ate assignee category or cate re enclosed:	gories (will not be printed on the	suita-shi, the patent); individual at of Fee(s): eck in the amount of the fee(s) in the the credit card. Form PTO-2 Director is hereby authorized.	Japan Scorporation or other private s enclosed. 2038 is attached. by charge the required fee(s),	or credit any overpayment, to
(A) NAME OF ASSIGMOCHIDA PHA OSAKA BIOSC Please check the approprist 4a. The following fee(s) a State Fee Publication Fee	TIENCE INSTIT ate assignee category or cate re enclosed:	gories (will not be printed on the	Suita-shi, the patent); individual the of Fee(s): eck in the amount of the fee(s) is	Japan Scorporation or other private s enclosed. 2038 is attached. by charge the required fee(s),	or credit any overpayment, to

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. TRANSMIT THIS FORM WITH FEE(S)